

AMENDED IN SENATE SEPTEMBER 3, 1999

AMENDED IN SENATE SEPTEMBER 2, 1999

AMENDED IN SENATE AUGUST 18, 1999

AMENDED IN SENATE JULY 6, 1999

AMENDED IN ASSEMBLY MAY 28, 1999

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

ASSEMBLY BILL

No. 607

Introduced by Assembly Member Aroner

February 19, 1999

An act to amend Section 16501.5 of, to add Sections 16501.4 and 16504.1 to, and to add Article 2.99 (commencing with Section 14096) to Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, relating to child welfare services.

LEGISLATIVE COUNSEL'S DIGEST

AB 607, as amended, Aroner. Foster Children's Health Care Services Act.

Existing law provides for child welfare services, which are public social services directed toward, among other purposes, protecting and promoting the welfare of all children, including those in foster care placement. Existing law provides for a single statewide Child Welfare Services Case Management System, administered by the State Department of Social Services, to compile and provide specified

information to child welfare services workers and agencies relating to the provision of those services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits, including mental health benefits, are provided to public assistance recipients and certain other low-income persons.

This bill would establish the Foster Children's Health Care Services Act that would require the department to develop and implement a mechanism to ensure that children in out-of-home placement be able to disenroll from the managed care plan of the sending county, and have the option of access to health care through the state's fee-for-service Medi-Cal program, except when the receiving county operates a county organized health system, in which case a child shall be subject to the mandatory enrollment requirement of the county organized health system.

The bill would provide that at the time of a child's physical removal from his or her home, the county welfare department child welfare worker shall obtain as much information as possible at the time of the removal regarding health conditions and acute illnesses or conditions, acute dental problems, contagious conditions, or infectious illnesses that require immediate medical attention and transmit this information immediately to the child's foster parent or foster care provider. It would also require the county to arrange for each foster child to receive an age-appropriate comprehensive mental health assessment, to be completed within 60 days of the child's physical removal from his or her home and placement in foster care.

The bill, in addition, would require the California Health and Human Services Agency to oversee and coordinate the responsibilities of the State Department of Social Services, the State Department of Mental Health, and the State Department of Developmental Services to ensure a comprehensive system of social services and health care for children in foster care. By imposing new duties and requirements on counties in connection with providing these benefits to foster children, this bill would create a state-mandated local program.



The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) This act shall be known, and may be
2 cited as, the Foster Children's Health Care Services Act.
3 (b) The Legislature finds and declares that:
4 (1) Foster care is intended to provide protection for a
5 child and promote a child's well-being. A child's
6 well-being is reflective of his or her emotional, cognitive,
7 and physical health and development.
8 (2) Placement agencies must ensure that children
9 receive high quality services that allow for a nurturing,
10 stimulating environment with positive emotional,
11 physical, and intellectual experiences. A child's
12 placement should enhance his or her cognitive,
13 emotional, and physical development, and remain stable
14 throughout the time he or she is in foster care.
15 (3) Children in foster care have complex health,
16 developmental, and psychological needs that are
17 complicated by multiple placements, often outside their
18 county of legal residence. There currently is no statewide
19 system guaranteeing access to appropriate health and
20 other care for these children.
21 (4) To ensure that foster children receive the care
22 they require, it is the intent of the Legislature to create
23 and maintain a system of care for foster children that
24 includes all of the following:

1 (A) A case plan for each child that addresses the child's
2 physical, mental, and dental health and developmental
3 needs.

4 (B) Comprehensive screening for health and other
5 needs, performed immediately upon the child's removal
6 from the home, and periodically thereafter.

7 (C) Increased access to health care providers who are
8 knowledgeable about the needs of foster children.

9 (D) Comprehensive benefits that are portable and
10 available throughout the state.

11 (E) Immediate eligibility for Medi-Cal upon physical
12 removal of the child from the home.

13 (F) Clear lines of state and local responsibility and
14 accountability for implementation of the system.

15 (G) A statewide data system to permit tracking of and
16 access to the medical and other history of foster children.

17 SEC. 2. Article 2.99 (commencing with Section
18 14096) is added to Chapter 7 of Part 3 of Division 9 of the
19 Welfare and Institutions Code, to read:

20

21 Article 2.99. Statewide Health Care System for
22 Children in Foster Care
23

24

25 14096. The department shall develop and implement
26 a mechanism to ensure that children in out-of-home
27 placement who are placed out-of-county shall be able to
28 disenroll from the managed care plan of the sending
29 county, including a county organized health system, and
30 shall have the option of access to health care through the
31 state's fee-for-service Medi-Cal program, except when
32 the receiving county operates a county organized health
33 system. If a child is placed in a county that operates a
34 county organized health system, he or she shall be subject
35 to the mandatory enrollment requirement of the county
36 organized health system.

37 14096.1. (a) The following services shall be provided
38 without prior approval to all children in foster care:

39 (1) Each child entering the foster care system shall
40 receive an age-appropriate comprehensive mental
health assessment between 30 and 60 days of his or her



1 placement, unless the child is currently under the care of
2 a mental health professional. This assessment shall be
3 conducted by a clinical specialist with expertise in the
4 mental health and development of children and shall
5 include identification of conditions needing immediate
6 attention, assessment of the child's developmental status,
7 and identification of the child's need for additional
8 assessment, referral, and treatment, including ~~any need~~
9 ~~for more comprehensive assessment including~~
10 ~~psychological testing and medication evaluation.~~
11 *Reassessment a more comprehensive assessment if*
12 *determined to be necessary.*

13 (2) *Reassessment of each foster child's mental health*
14 *status shall occur six months after the initial assessment*
15 *and annually thereafter.*

16 ~~(2) Reassessments of children four years of age and~~
17 ~~older may be performed through administration of an~~
18 ~~appropriate mental health screening tool and may be~~
19 ~~administered by mental health specialists, county welfare~~
20 ~~or probation workers, public health nurses, or other~~
21 ~~appropriate staff.~~

22 ~~(3) Reassessment of children from birth to four years~~
23 ~~of age may be performed by a clinical team of nurses and~~
24 ~~mental health specialists, or through administration of an~~
25 ~~age-appropriate mental health screening tool specifically~~
26 ~~designed for infants and young children, or both.~~

27 ~~(4), unless, for children aged 4 years of age or older at~~
28 ~~the time of a scheduled reassessment, a county placing~~
29 ~~agency determines through the use of an age-appropriate~~
30 ~~screening tool administered by qualified staff, that the~~
31 ~~reassessment is not necessary at that time.~~

32 (3) Results of mental health assessments and
33 reassessments shall be made available to county welfare
34 workers and other appropriate staff to assist in guiding
35 placement decisions.

36 (b) All children in foster care shall be entitled to
37 receive an annual physical examination.

38 (c) All children in foster care shall receive medically
39 necessary Early Periodic Screening, Diagnosis, and
40 Treatment (EPSDT) services and supplemental services.

1 SEC. 3. Section 16501.4 is added to the Welfare and
2 Institutions Code, to read:

3 16501.4. (a) The California Health and Human
4 Services Agency shall oversee and coordinate the
5 responsibilities of the department, the State Department
6 of Health Services, the State Department of Mental
7 Health, and the State Department of Developmental
8 Services to ensure a comprehensive system of social
9 services and health care for children in foster care.

10 (b) These activities shall include, but are not limited
11 to:

12 (1) Establishing and enforcing clear lines of state and
13 local responsibility and accountability for coordinated
14 health and social services for foster children.

15 (2) Designing a statewide system of health care for
16 children in foster care that provides quality and timely
17 services to children in out-of-home placement.

18 (3) Periodic review of the system of health care and
19 mental health and recommendations for revisions in the
20 system.

21 (4) Oversight and monitoring of the delivery of
22 Medi-Cal benefits to children in foster care. This
23 oversight shall utilize existing reporting and quality
24 assurance mechanisms where possible.

25 (5) Exploration and authorization to utilize existing
26 and new funding streams, including blended funding
27 streams, to support health, mental health, and
28 developmental services for children in foster care,
29 including maximizing federal matching funds, and
30 ensuring access to medically necessary services.

31 SEC. 4. Section 16501.5 of the Welfare and Institutions
32 Code is amended to read:

33 16501.5. (a) In order to protect children and
34 effectively administer and evaluate California's Child
35 Welfare Services and Foster Care programs, the
36 department shall implement a single statewide Child
37 Welfare Services Case Management System no later than
38 July 1, 1993.

39 (b) It is the intent of the Legislature in developing and
40 implementing a statewide Child Welfare Services Case

1 Management System to minimize the administrative and
2 systems barriers which inhibit the effective provision of
3 services to children and families by applying current
4 technology to the systems which support the provision
5 and management of child welfare services. Therefore, it
6 is the intent of the Legislature that the Child Welfare
7 Services Case Management System achieve all of the
8 following:

9 (1) Provide child welfare services workers with
10 immediate access to child and family specific information
11 in order to make appropriate and expeditious case
12 decisions.

13 (2) Provide child welfare services workers with the
14 case management information needed to effectively and
15 efficiently manage their caseloads and take appropriate
16 and timely case management actions.

17 (3) Provide child welfare services workers with
18 comprehensive medical information for children served
19 by the child welfare services system, including
20 information regarding immunizations, physical and
21 mental health assessments performed, known allergies,
22 and other medical history information.

23 (4) Provide state and county child welfare services
24 management with the information needed to monitor
25 and evaluate the accomplishment of child welfare
26 services tasks and goals.

27 (5) Provide all child welfare services agencies with a
28 common data base and definition of information from
29 which to evaluate the child welfare services programs in
30 terms of the following:

31 (A) Effectiveness in meeting statutory and regulatory
32 mandates, goals, and objectives of the programs.

33 (B) Effectiveness in meeting the needs of the families
34 and children serviced by the program.

35 (C) Projecting and planning for the future needs of
36 the families and children served by the program.

37 (6) Meeting federal statistical reporting requirements
38 with a minimum of duplication of effort.

39 (7) Consolidate the collection and reporting of
40 information for those programs which are closely related

1 to child welfare services, including foster care and
2 emergency assistance.

3 (8) Utilize the child welfare services functionality
4 defined in current and planned automated systems as the
5 foundation for the development of the technical
6 requirements for the Child Welfare Services Case
7 Management System.

8 (c) It is the intent of the Legislature that the Child
9 Welfare Services Case Management System shall provide
10 the required comprehensive and detailed individual
11 county data needed by the department to implement and
12 monitor the performance standards system specified in
13 Section 11215.

14 (d) If the Child Welfare Services Case Management
15 System is not implemented statewide by July 1, 1993,
16 Section 15200, which provides for State Treasury
17 appropriations equal to 40 percent of the sum necessary
18 for the adequate care of each child pursuant to
19 subdivision (d) of Section 11450, shall remain in effect
20 until two years after the implementation of the Child
21 Welfare Services Case Management System.

22 SEC. 5. Section 16504.1 is added to the Welfare and
23 Institutions Code, to read:

24 16504.1. (a) At the time of a child's physical removal
25 from his or her home, the county welfare department
26 child welfare worker shall obtain as much information as
27 possible at the time of the removal regarding health
28 conditions and acute illnesses or conditions such as
29 broken bones or acute dental problems, contagious
30 conditions such as head lice, or infectious illnesses such as
31 strep throat or measles, that require immediate medical
32 attention. Information on these acute or contagious
33 conditions shall be transmitted immediately to the child's
34 foster parent or foster care provider pursuant to Section
35 16010.

36 (b) The county shall arrange for each foster child to
37 receive a comprehensive mental health assessment, to be
38 completed within 60 days of the child's physical removal
39 from his or her home and placement in foster care.

1 SEC. 6. It is the intent of the Legislature that funds
2 appropriated to the State Department of Social Services
3 for purposes of implementing Section 16501.3 of the
4 Welfare and Institutions Code, as added by Chapter 147
5 of the Statutes of 1999, shall be expended on and after
6 January 1, 2000.

7 SEC. 7. Notwithstanding Section 17610 of the
8 Government Code, if the Commission on State Mandates
9 determines that this act contains costs mandated by the
10 state, reimbursement to local agencies and school
11 districts for those costs shall be made pursuant to Part 7
12 (commencing with Section 17500) of Division 4 of Title
13 2 of the Government Code. If the statewide cost of the
14 claim for reimbursement does not exceed one million
15 dollars (\$1,000,000), reimbursement shall be made from
16 the State Mandates Claims Fund.

